

<p>El Paso County, CO 4th District Court Address: 270 South Tejon Street Colorado Springs, CO 80903 Phone Number: (719) 448-7650</p>	Court Use Only
<p>PEOPLE OF THE STATE OF COLORADO</p> <p>IN THE INTEREST OF: “CHILD A’S NAME” DOB: “CHILD B’S NAME” DOB:</p> <p>MINOR CHILDREN – under 18 years of age:</p> <p>El Paso County Department of Human Services, PETITIONER</p> <p>AND CONCERNING Parent Name Parent Name</p> <p style="text-align: right;">Respondents</p> <p>Name, if any Interested Party</p>	
<p>YOUR NAME, CASA Volunteer CASA of the Pikes Peak Region, Inc. 701 South Cascade Avenue Colorado Springs, Colorado 80903</p> <p>Phone Number: (719) 447-9898 FAX Number: (719) 667-1818 Website: www.casappr.org Date:</p>	<p>Case Number: __ JV__</p> <p>Division: Courtroom:</p>
CASA REPORT FOR JULY 4, 1776	

This report is of a confidential nature for the benefit of the Court and may be distributed only to the parties to the proceedings.

CASA has deemed this a “High Risk” case due to the physical injuries sustained by the infant, _____, while in the care and control of the respondents.

GAL: Name of GAL, Esq.

Caseworker: Name of Caseworker, Agency of Caseworker (DHS or Name of Placement Agency)

Attorney for Mother: Name, Esq.

Attorney for Father: Name, Esq.

***Reports are always due 2 weeks prior to the scheduled court date! The court requires that they be filed in the courthouse one week prior to the court date. That gives us one week to talk about any edits to your report and answer any outstanding questions. Depending on the complexity of your case and your comfort with writing the report, you may be asked by your case supervisor to submit your report earlier than two weeks [but not less than two weeks], to allow sufficient time to adequately finalize the report. Reports submitted late to your case supervisor will not be finalized and submitted to the court. You will need to be prepared to give an oral update to the court.**

SOME THINGS TO REMEMBER:

Start early! Don't wait until the night before your report is due to your case supervisor to write it! It takes an average of six [6] hours to write your 1st report.

The judges don't get to see the kids. They've requested that CASA provide a photograph of the children with the written CASA reports. Talk to your case supervisor about how to make multiple copies for all the parties. You can't give one to just the judge—it has to be provided to everyone on the case.

Do not create or omit your own headings or sections to the report. If your case is such that a deviation from this format would be beneficial to help the court follow your information, your case supervisor will discuss this with you and help you develop accordingly.

Instructions:

****(If this is your first report on a case, below is what you'll type)***

The following is a summary of CASA contacts since appointment on "Date".

****(If this is a subsequent report on your case, below is what you'll type)***

The following is a summary of CASA contacts since the last court hearing [or CASA report submitted] on "Date".

Instructions:

This is where you begin the informational portion of your report. Please remember to include the Treatment Plan: Compliance / Non-Compliance portion.

Instructions:

CHILDREN'S CURRENT SITUATION:

This section should include a brief explanation as to when/why the petition was filed, whether the child/ren have been removed from the home, whether there are any criminal charges pending/filed, etc.

A paragraph explaining the issues that all of the children in the case have in common, the length of time in foster care, or at home with parents under protective supervision. Describe if the siblings live together or apart and for how long. Do the siblings visit?

Do not put the foster parent's name anywhere in the report due to confidentiality of their information.

Sample Narrative:

“Child A’s Name” and “Child B’s Name” were removed from their mother’s home on “Date”, as a result of multiple fractures sustained by “Child A’s Name” while in the mother’s home. It was determined that the injuries were non-accidental and “Child A’s Name” was placed in foster care. “Child B’s Name” was placed with her paternal great-aunt, “Name of Aunt”, until “Date”, at which time she was placed with her biological father, “Dad’s Name”.

The children are having sibling visits three times each week, supervised by the caseworker. Felony child abuse charges are pending against the mother at this time.

Instructions:

(NAME AND AGE OF CHILD) – SON/DAUGHTER OF [PARENTS’ NAMES]:

This section should include information specific to this child, i.e:

Information detailing CASA’s observations of this child

Information detailing therapist’s information about the child

Information detailing child’s school [or daycare] situation, to include grades, IEP, special needs, etc.

What does the child want to be when he/she grows up? Does he/she have friends? [don’t name them] What are his/her favorite/least favorite subjects? Hobbies? Skills? Games?

Information detailing other professionals’ or foster parents’ statements about the child

Information detailing the child’s development, such as motor skills, language development, eat/sleep patterns, walking/crawling, etc.

Information detailing child’s medical information, such as follow up for needs/injuries, are immunizations current, etc.

Sample Narrative:

“Child A’s Name”, age 5 months – Son of Name of Mom and Unknown Father:

“Child A’s Name” continues to reside with his foster parents. According to Centro de la Familia, “Child A’s Name” comes there three times a week for an hour each time to see his mother and sister. His foster mom reports that while he eats well and is big for his age, he never sleeps for more than 20 minutes at a time. She says while she tries to keep his hands in mittens, he is now strong enough to pull them off. He has scratched his own face and pulled out the hair on the sides of his head. She reports that he only likes to be held facing away from you and will get cranky if held facing you. He has been taken to Pediatric Rehab to see a physical therapist twice and then changed over to an occupational therapist. The therapists have suggested swaddling him and have shown the foster mom how to do baby massage, but the foster mom feels it is not having much effect. The foster parents continue to be concerned about the way his injured arm hangs limp on occasion, but are encouraged that he is now putting weight on his legs when they hold him up. CASA observed “Child A’s Name” standing on his feet with support and reaching out with both arms for a toy. When held by CASA, “Child A’s Name” got restless quickly but enjoyed being carried around to look at objects in the room, and was calm during this period.

The foster parents have scheduled an appointment for “Child A’s Name” with a pediatrician for “Date”. He is also scheduled to revisit the doctor who saw him following his injuries. That exam is scheduled for late August or early September “Year”.

“Name of Therapist” from Centro de la Familia says “Child A’s Name” and his mother have clearly bonded and she is very nurturing with him.

Instructions:

(NAME AND AGE OF CHILD) – SON/DAUGHTER OF [PARENTS’ NAMES]:

Same as first child

Sample Narrative:

“Child B’s Name”, age 5 years, 11 months – Daughter of “Mom’s Name” & “Dad’s Name”:

It was concluded at a staffing on “Date” that every effort should be made to place “Child B’s Name” in the more nurturing environment of her father’s home as soon as possible, preferably before school starts, to spare her the additional trauma of changing schools later. “Name of Therapist”, from Centro de la Familia reports that “Dad’s Name” is very patient, gentle and nurturing with “Child B’s Name”. “Name of Therapist” feels no transition time will be needed as “Child B’s Name” has previously spent a great deal of time with her father while her mother was at work, including staying over night on numerous occasions. “Name of Therapist” reports that ““Child B’s Name” doesn’t have fears.” “Child B’s Name”’s mother would also prefer that “Child B’s Name” be living with her father. Thereafter, permission was obtained and “Child B’s Name” was in her father’s home Friday night, “Date”. She is enrolled in an Elementary School close to her father’s home. There is transportation available to her, if it should become necessary, considering her father’s medical condition that flares from time to time. The kindergarten teacher reports to CASA that the child is doing well so far. There are no special needs reported.

***NOTE: IF THE CHILD IS IN FOSTER CARE, DO NOT NAME SCHOOLS, DAYCARES, TEACHERS, PRINCIPALS, ETC. THIS WOULD BE EASY FOR A PARENT TO TRACK THE CHILD’S NEIGHBORHOOD OR PLACEMENT.**

“Child B’s Name” is transported to Centro de la Familia three times a week to spend two hours each time with her mother. Half of that time is also spent with her brother “Child A’s Name”. When CASA drove “Child B’s Name” back to her aunt “name” house after a Friday visitation session, “Child B’s Name” cried upon leaving her mother and wanted to know “How many sleeps “ till she could see her again.

“Mom’s Name” says that “Child B’s Name” can already write her name and knows her colors and numbers and the alphabet.

During a recent home visit, CASA took “Child B’s Name” outside to play at her father’s home. She was able to jump rope a little, was able to hop, skip and jump and shows no sign of any motor deficiencies. CASA requested that “Child B’s Father” provide immunization records to show that they were current. He did provide that and “Child B’s Name” is current with her immunizations.

“Child B’s Name” has been seen on several occasions by therapist “Name of Therapist”. She was taken there once by “Name of Aunt”, another time her father accompanied them. “Name of Therapist” says “Child B’s Name” is developmentally on target, but is also big for her age and somewhat controlling of others. They are currently working on separation issues from her mother, but report to CASA that the child is well-bonded and comfortable with her father.

Instructions:

FAMILY'S CURRENT SITUATION:

Information detailing information common to both parents, if any. Use Mr./Ms. Last name to describe the parents—avoid 1st name basis, ie. Kathy’s therapist said...

Sample Narrative:

FAMILY'S CURRENT SITUATION:

“Dad’s Name” and “Mom’s Name” continue to reside separately and do not plan to resume their relationship. They have made a mutual agreement that “Child B” will continue to have contact with both sides of her family. “Dad’s Name” is not open to developing a relationship with “Child A” at this time as he is not the child’s biological father. He is, however, willing to continue to allow “Child B” to visit with her baby brother as much as possible.

Instructions:

(NAME OF MOTHER) – MOTHER:

*This section should include information specific to mother, ie:
What are the mother’s strengths? Needs? Resources?*

The housing situation and employment situation of the mother. Who else resides in the home?

Describe the frequency and substance of the mother’s visits with her children. Include first hand observations from observing visits and obtain direct observations by others. Describe the situations observed with objective words. Ask mother how she thinks her visits, therapy and other services are progressing.

*Information from therapist and other treatment providers [substance abuse, parenting, etc.] about the mother’s attendance and progress. * Always check with therapists, substance abuse counselors, psychiatrists, etc. before quoting them in your report or putting protected details of parents’ treatment in your report. The providers have to maintain a therapeutic relationship with the client, which could be severely compromised if CASA puts in information that the provider shared ‘off the record’. A good way to manage this is to have the volunteer send the therapist the section of information that applies to them for the therapist to review. The therapist will have the opportunity to say, “leave it the way it is,” “how about saying it like this,” or “please don’t put that in there.”*

Include mother’s concerns and statements to CASA about her children.

Report out on whether this is a military family and whether mom, dad or foster parents are currently deployed anywhere.

Ask these 2 questions relating to the casino gambling industry:

1. Has casino gambling in any way affected your household?
2. Is anyone in your family employed in the casino gambling industry?

Sample Narrative:

“Mom’s Name” – MOTHER:

Having successfully passed recent exams, “Mom’s Name” has, according to therapist Ms. “Name of Therapist”, been working long hours. “Name of Therapist” reports that “Mom’s Name” is trying to earn extra money while the children are not in her care so she can take time off when they are returned to her. “Name of Therapist” worries that “Mom’s Name” may be overdoing it, as she fell asleep before one visitation and missed seeing the children.

“Name of Therapist” reports that visitations, parenting class and therapy with “Mom’s Name” are going “magnificently” and she has no concerns whatsoever. “Name of Therapist” says “Mom’s Name” is always on time, integrates information from parenting class into her treatment of the children and is very nurturing with “Child A’s Name”. “Name of Therapist” says “Mom’s Name” plans activities for “Child B’s Name” during their visitations.

CASA recently conducted another home visit with “Mom’s Name”. She feels that her visitation sessions with her children are going well and expressed how much she loves her children. She isn’t sure what the court thinks about her progress because her children have not been returned to her care. She maintains that she does not know how the baby was injured. She is still very upset about the criminal charges pending against her because she thinks this will mean that she will never regain custody of her children.

Strengths:

Ms. “Mom’s Name” is on time for visits, provides healthy snacks for her children and engages in age-appropriate play. Additionally, Ms. “Mom’s Name” has maintained stable housing and employment as ordered by the court. She expresses love for her children. She continues to participate in individual therapy and her provider reports to CASA that Ms. “Mom’s Name” is applying appropriate parenting skills.

Concerns:

The most critical concern that CASA has is that Ms. “Mom’s Name” has not acknowledged how her one month old baby sustained such extensive injuries, as she reports that she was the only caretaker. She has stated that her 5-year old daughter may have injured the baby when she tried to pick him up out of the crib. The medical reports have determined that this explanation is not consistent with the injuries.

Instructions:

(NAME OF FATHER) – FATHER:

Same as section for mother

Report out on whether this is a military family and whether mom, dad or foster parents are currently deployed anywhere.

Ask these 2 questions relating to the casino gambling industry:

1. Has casino gambling in any way affected your household?
2. Is anyone in your family employed in the casino gambling industry?

Sample Narrative:

“Dad’s Name” – FATHER of “Child B”:

“Dad’s Name” continues to reside in his one bedroom apartment. He has obtained a dining set and hopes to acquire a couch and coffee table in the near future. He has met with therapist “Name of Therapist” in the company of his daughter. “Dad’s Name” says he was told by “Name of Therapist” that domestic violence counseling would take place with her. He reports he has had no therapy sessions at Centro de la Familia and is waiting for that to take place. “Dad’s Name” continues to have good days and bad days due to his multiple sclerosis. Numerous attempts by CASA to contact “Dad’s Name” neurologist have thus far been unsuccessful.

During CASA’s most recent home visit to Mr. “Dad’s Name” home, he reported that things were going well. Medically, he has good days and bad days. He often has to rely on his family for assistance with transportation on days that his body isn’t working very well. He feels that he has good family support and has a positive attitude about his ability to care for his daughter.

He reported to CASA that his MS has rendered him disabled, thus he is not employed. He says that he is able to walk “Child’s Name” to school and back, unless he is having a difficult day, physically. During those times, he does have the assistance of his family and/or the school transportation van that is available.

Strengths:

Mr. “Dad’s Name” has made himself available to parent his daughter full-time, despite his medical challenges. He has acknowledged the need for domestic violence counseling and is willing to participate. He has maintained stable housing as required. He understands the need for his daughter to continue to have sibling visits with her baby brother and cooperates with that schedule.

Concerns:

CASA’s primary concern relates only to Mr. “Dad’s Name” medical needs—present and potentially future. CASA has seen Mr. “Dad’s Name” on good days and during those times, he is energetic and positive. CASA has also seen Mr. “Dad’s Name” on challenging days, during which he must rely on his walker and sometimes that is too much for him. CASA would like Mr. “Dad’s Name” to develop a safety plan for “Child’s Name” in the event he becomes immobile or unable to parent.

Instructions:

INTERESTED PARTIES:

This section should include information specific to interested parties, if any. Parties should be listed separately by name, with accompanying information as to their relationship to the child.

Sample Narrative:**INTERESTED PARTY NAME, PATERNAL AUNT OF CHILD B.:**

Prior to the child's return to her father, the "Paternal Aunt's Name" reported to CASA during a home visit that the child had settled into her home nicely and was doing well. "Aunt's Name" told CASA that her nephew [Dad] had been visiting with his daughter and that those visits went well and that "Child B" was always sad when the visits were over. "Aunt's Name" told CASA that she helps her nephew with transportation when he isn't feeling well due to his medical condition of multiple sclerosis.

Instructions:**TREATMENT PLAN: COMPLIANCE / LACK OF COMPLIANCE:**

Each item in the treatment plan should be listed separately with accompanying notation whether there is compliance or lack of compliance. Details that back up this information should be recorded in the body of the report.

Example: Objective #1: Ms. Smith is to complete the nurturing program.

In Compliance: Ms. Smith enrolled in the nurturing program as of (date) according to Janet Smith, facilitator.

Sample Treatment Plan Layout:**TREATMENT PLAN: COMPLIANCE / LACK OF COMPLIANCE:****"Child A's Name":**

Objective: To be healthy, safe and have all developmental, medical and emotional needs met in the home.

Compliant in all areas

1. "Child A's Name" is attending all scheduled routine checkups with health care professionals.
2. "Child A's Name" is engaging in activities that stimulate his developmental growth.
3. "Child A's Name" is having visits with his mother on a regular visitation schedule.

"Child B's Name":

Objective: To be healthy, safe and have all developmental, medical and emotional needs met in the home

Compliant in all areas

1. "Child B's Name" is attending and participating in individual therapy. CASA has no knowledge of any recommendations made by the therapist.
2. "Child B's Name" is placed with her father and is having regular visits with her mother.
3. "Child B's Name" is enrolled in school and shows every promise of achieving well.
4. "Child B's Name" is getting regular checkups and seeing a dentist as needed.
5. "Child B's Name" appears to be following the rules of the home as well as any other self-assured six year old does.

"Dad's Name":

Objective 1: To assess “Dad’s Name” role in the injury of “Child A’s Name”.

1. “Dad’s Name” cooperated with a psychological evaluation. There were no recommendations. **Compliant**
2. “Dad’s Name” is willing to participate in, and cooperate with a domestic violence evaluation and follow all recommendations, but it has not, as yet, been scheduled through Centro de la Familia. **Partially Compliant**
3. “Dad’s Name” is willing to participate in and cooperate with individual therapy and follow all recommendations, but at last check this had not been scheduled. **Partially Compliant**

Objective 2: To successfully reunite “Child B’s Name” with her father.

1. “Dad’s Name” is willing to participate in an assessment to determine what, if any, needs he may have in order to successfully parent and follow all recommendations made in the assessment. The psychological evaluator reported that “He is capable of taking care of her with family assistance.” Numerous attempts by CASA to contact “Dad’s Name”’s neurologist have been unsuccessful as of “Date”. **Compliant**
2. “Dad’s Name” has maintained, and improved upon his housing situation. **Compliant**
3. “Child B’s Name” was reunited with her father on Friday, “Date”. **Compliant**

“Mom’s Name”

Objective 1: To assess “Mom’s Name” role in the injury of “Child A’s Name”.

1. CASA has no record of a mental health evaluation being completed on “Mom’s Name”. **Non-Compliant**
2. CASA has no record of a domestic violence evaluation being completed on “Mom’s Name”. A drug and alcohol evaluation has been completed however. It reported a low probability of having a Substance Dependence disorder. **Partially Compliant**
3. “Mom’s Name” is participating in and cooperating with individual therapy and doing “magnificently” according to her therapist, “Name of Therapist”. **Compliant**

Objective 2: To reunify “Mom’s Name” and her children.

1. “Mom’s Name” has maintained more than full time, stable employment according to her therapist. **Compliant**
2. “Mom’s Name” has maintained the housing she was in when “Child A’s Name” was injured. **Compliant**
3. “Mom’s Name” has participated in the parenting program at Centro de la Familia and is reportedly incorporating what she has learned in her care of her children. **Compliant**
4. “Mom’s Name” has attended all but one visitation with her children. **Compliant**
5. Home-based services are not yet required. **N/A**

Instructions:**SUMMARY:**

This is where you can recap your narrative in a few short paragraphs to bring all the information together.

Sample Narrative:**SUMMARY:**

It is CASA's opinion that both children are in the most appropriate place at this time. It seems as if "Mom's Name" is having a difficult time acknowledging that the baby was injured in her care. This makes treatment issues difficult to address with the mother and has delayed the successful reunification of the baby.

"Dad's Name" seems committed to caring for his daughter on a permanent basis. CASA has concerns about the dad's long-term ability, considering his tenuous medical condition that varies from day to day. This could become an issue sooner rather than later, as multiple sclerosis is so unpredictable.

Instructions:**RECOMMENDATIONS:**

*Recommendations are to be numbered and need to be supported by sufficient facts in the body of the report. *[There should be no surprises in the recommendations]. If you are not sure of the appropriate course of action, a summary question may be preferable. Recommendations shall be phrased as to best interest: "It would be in the best interest of the child ..." or "Would it be in the best interest of the child to ...?"*

Sample Recommendations:

1. It would be in "Child B's" best interest for her to remain in her father's care and custody.
2. It would be in "Child A's" best interest for the foster mother to follow up with all required medical appointments to ensure that the child's fractures are healing well.
3. It would be in the best interest of the minor children for their mother to undergo a psychological evaluation to determine whether she has any mental health issues that prevent her from parenting appropriately and safely.
4. Because both parents will be involved in parenting "Child B" in their separate homes, it would be in her best interest for her parents to attend co-parenting classes so they develop a mutual understanding of child-rearing using the same principles.
5. Would it be in the children's best interest for them to have unsupervised visits with their mother?
6. It would be in "Child B's" best interest that the family, with the assistance of the treatment team, develop a safety plan as relates to "Dad's Name" health.

Report out on whether you recommended other services/resources, found funding for necessary items, education, etc. This is a question that you are asked on your quarterly time report.

Instructions: It is NOT necessary for you to list the nature of that contact, such as: “left message to talk about referral for neuropsych”. Or “we talked about how the visit went”. Just list the date, type of contact and name of contact.

***Please remember that the National CASA Guidelines state that CASA volunteers must see their CASA children at least 2x monthly. We require that one of those visits must occur in the child’s current placement and the 2nd one can take place at a different location [i.e. daycare, school]**

CONTACT LOG:

<u>DATE</u>	<u>TYPE OF CONTACT</u>	<u>NAME OF CONTACT</u>
	<i>ITCT = Incoming telephone contact</i>	
	<i>OTCT = Outgoing telephone contact</i>	
	<i>IMSG = Incoming message</i>	
	<i>OMSG = Outgoing message</i>	
	<i>INT = Interview</i>	
	<i>HVST = Home Visit</i>	
	<i>CRT = Court</i>	
	<i>STF = Staffing</i>	

**Numerous emails with professionals.*

Sample Contact Log:

CONTACT LOG:

Date	Type of Contact	Person Contacted
		“Name of Aunt”, “Child B’s Name”’s great aunt
		“Person’s Name”, Centro de la Familia
		“Name of Aunt”
		“Person’s Name”, Centro de la Familia
		“Name of Caseworker”, Chins-Up CW Foster Mom for “Child A’s Name”
		“Person’s Name”, Pediatric Rehab Physical Therapist
		“Name of Therapist”, Centro de la Familia
		“Name of Caseworker”, Chins-Up CW
		“Name of Caseworker”, Chins-Up CW
		“Name of Therapist”, Centro de la Familia
		Office of Dr. “Name”, neurologist for “Dad’s Name”

		Office of Dr. "Name" who examined "Child A's Name"
		Office of Dr. "Name", who has seen "Child A's Name"
		"Name of Caseworker", Chins-Up CW
		"Person's Name", LCN
		"Name of Therapist", Centro de la Familia
		"Name", Pediatric Rehab. Scheduling
		"Name of Caseworker", Chins-Up CW

DATE OF PLACEMENT: **[You'll probably have to ask the caseworker for this]*
DATE OF ADJUDICATION: **[This should be found on the court order in the file]*
ESTIMATED DATE OF PERMANENCY: **[This is on the Case Planning Sheet in file]*

Instructions:

*It is very important that you keep good information on the children's placements, therapists, etc. This gives the court an "at-a-glance" view of this information, and shows how many changes the children experience during the case. We also track this at CASA. *[You should cut and paste this table for your use].*

Child	# Placements	Current Placement	# CWs	# GALs	# CASAs	# Therapists
Child A	1	Foster Care	1	1	1	1
Child B	1	Biological Father	1	1	1	1

RESPECTFULLY SUBMITTED:

CASA Volunteer

Date

Case Supervisor

Date

CERTIFICATE OF DISTRIBUTION

I, _____, hereby certify that on the _____ day of _____, 200__, I delivered true and correct copies of the attached CASA Report to the following parties:

Instructions:

***PLEASE FILL THE FOLLOWING INFORMATION IN COMPLETELY!!**

1. Judge or Magistrate Name
2. OCA – Name, Esq. for Division ____ *Put division here for proper distribution.
3. Caseworker – Name *If it's a CPA caseworker, put name and address of CPA for mailing.
4. GAL – Name, Esq.
5. Mother's Attorney Name, Esq.
6. Father's Attorney Name, Esq.
7. Interested Party: Name **AND** Address of Interested Party *(Their copy is mailed)
8. CASA *(This copy is for you)
9. File *(This copy is for the CASA office file)

Revision 2/2007

General Information to be maintained:

Dress Code: As warm weather approaches, please be mindful of the dress code for court. There are to be no midriffs, cut-offs, daisy dukes, etc. Also, particularly for the ladies, please remember that a great deal of the bottom portion of your body is exposed under the court tables. Be careful of your dress/skirt length, and slits up the sides, as they will open when you sit.

Courtroom Protocol: Please remember to turn off (or engage vibrate feature), on your cell phones and pagers. Also, if you have a watch with an hour chime or alarm, please disengage that before entering the courtroom. The hearings are tape recorded, and the courts have expressed some difficulty in hearing their tapes for transcription when these sounds interfere.

Also, please remember that most courts do not allow chewing gum in the courtroom. Even if others are chewing gum, let's be careful not to join in.

Thanks for your commitment and all you do on behalf of children.

The CASA Dependency and Neglect Team

Revision 2/2007